APPLI	APPLICATION F Substitute CATION AB FILED	1040/0	-	4	1	Abuloen	ou or Docker Him	iber,
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HASIO FEE	HUMBER FILED	· · · · · · · · · · · · · · · · · · ·		EMALL EV	ITITY	OR .	OTHERT	HAN
LPLOFE LIBIAL OIL ACCESS		NUMBER EXTRA	- R	STE (I)	PEE (1)		SMALL EN	MITY
BEAROH FEE POT OFF 1.18 (N. FT OF (MV)					The state of the s	J	RATECT	FEE
EXAMINATION FEE PT OFR 1.46(d), (p), or (q))						·		
TUTAL OF ALLIA								-
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101 OTIC 1,18(10)	minus 4			25		OR 'x	57	
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AULTIPLE DEPENDENT OLA	U.S.C. 41(a)(1)(G) and	1.87 CFR 1.18(s).				1.		
If the difference to and	11 (100 BH) (37 OFR-1.16)	חו	18	70		1-	-	•
If the difference in column 1 is	less than zero, enter or in	column 2.					160	
APPLICATION	AS AMENDED - P.	ART II	τοτ	AL		. то	DTAL	
1-14-04 (column			:	• :			:	<del></del>
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FIRST PRESENTATION OF MULTI	PLE DEPENDENT OLAIM A	OED 4 4 nm		-	OR	X	=	1
		OLU 1.16(l)			OR.		-	┦∵
			TOTAL .	T	~ ( )			

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

This "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 OFR 1.16. The Information is required to obtain or retain a benefit by the public which is to life (and by the induling gathering, preparing, and submitting the completed application form to the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS